


<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Joe Robert Magnus P.O. Box 422 Corvallis, OR 97333</p>		<p>B. Receiver (Printed Name) _____ C. Date of Delivery _____</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, delivery address below: <input type="checkbox"/> No</p> <p>J. MOSY</p>	
		<p>3. Service <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 2150 0003 5909</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	